

Ladies First Program

AUTHORIZATION FOR ELECTRONIC FUNDS TRANSFER

Complete the section below and attach a copy of a voided check or a copy of one of your deposit slips. The transaction routing number can be obtained from your bank.

PROVIDER NAME	PROVIDER NUMBER
BANK NAME	TRANSACTION ROUTING NUMBER
BANK ADDRESS	ACCOUNT NUMBER
BANK PHONE NUMBER	CHECKING _____ SAVINGS _____

I agree to keep, and disclose upon request to authorized agencies, records which disclose fully the extent of payments claimed from and services rendered to recipients of Ladies First. I accept as payment in full the amount paid by Ladies First for claims submitted with the exception of authorized cost sharing by recipients. I understand payment of this claim is from state and federal funds and that any false claims, statements, documents or concealment of a material fact may be prosecuted under state or federal law. This is to certify that the information submitted to obtain this payment is true, accurate and complete.

I authorize the electronic transfer of Ladies First payments made to the above provider number. I understand that I am responsible for the validity of the above information.

Signature

Date

It will take approximately four weeks for this information to be processed by EDS and validated by your bank.

***** EDS USE ONLY *****

DATE RECEIVED

EFT STATUS	DATE SUBMITTED	DATE VERIFIED